

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREMustafa Whitfield

Plaintiff

V.

Wilmington Police Department, Delaware Attorney General's Office

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

06 - 541

I, Mustafa Whitfield declare that I am the (check appropriate box)

- • Petitioner/Plaintiff/Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? • • Yes ☒ • • No (If "No" go to Question 2)

If "YES" state the place of your incarceration Delaware Correctional CenterInmate Identification Number (Required): 317479Are you employed at the institution? NO Do you receive any payment from the institution? NOAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? • • Yes • • No ☒
- a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.
- b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.
Never had a job
3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---------|--|
| a. Business, profession or other self-employment | • • Yes | • • No <input checked="" type="checkbox"/> |
| b. Rent payments, interest or dividends | • • Yes | • • No <input checked="" type="checkbox"/> |
| c. Pensions, annuities or life insurance payments | • • Yes | • • No <input checked="" type="checkbox"/> |
| d. Disability or workers compensation payments | • • Yes | • • No <input checked="" type="checkbox"/> |
| e. Gifts or inheritances | • • Yes | • • No |
| f. Any other sources | • • Yes | • • No <input checked="" type="checkbox"/> |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

I received money orders
See last 6 months monthly balance

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4. Do you have any cash or checking or savings accounts?

• • Yes ☒ No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes ☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

None

I declare under penalty of perjury that the above information is true and correct.

8/13/06

DATE

Mustafa Whitfield

SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: Mustafa Whitfield SBI#: 317479

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: 8/24/06



Attached are copies of your inmate account statement for the months of
Feb 2006 to July 2006.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Feb</u>	<u>\$22.99</u>
<u>Mar.</u>	<u>\$ 17.98</u>
<u>Apr.</u>	<u>\$ 21.10</u>
<u>May.</u>	<u>\$ 42.68</u>
<u>June</u>	<u>\$ 53.03</u>
<u>July</u>	<u>\$ 37.30</u>

Average daily balances/6 months: \$ 33.24

Attachments

CC: File

Melissa McNatt
8/24/06

Amel Foreman 8/24/06

**Individual Statement
For Month of February 2006**

Date Printed: 8/23/2006

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[illegible]

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$1.83)

Individual Statement

Date Printed: 8/23/2006

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For Month of March 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$10.97
00317479	Whitfield	Mustafa				
Current Location:	SU/1	Comments: QOL1				
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
Mail	3/8/2006	\$15.00	\$0.00	\$0.00	\$25.97	232625
Canteen	3/15/2006	(\$14.89)	\$0.00	\$0.00	\$11.08	237078
Visit	3/21/2006	\$15.00	\$0.00	\$0.00	\$26.08	239236
Canteen	3/28/2006	(\$13.65)	\$0.00	\$0.00	\$12.43	241635
Ending Mth Balance:					\$12.43	

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$1.83)

Individual Statement

Date Printed: 8/23/2006

For Month of April 2006

SBI 00317479	Last Name Whitfield	First Name Mustafa	MI Suffix	Beg Mth Balance: \$12.43					
Current Location: SU/1		Comments: QOL1							
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Mail	4/5/2006	\$10.00	\$0.00	\$0.00	\$22.43	245911	0535488048		T. NEAL
Canteen	4/25/2006	(\$14.97)	\$0.00	\$0.00	\$7.46	254497			
Visit	4/25/2006	\$15.00	\$0.00	\$0.00	\$22.46	254728	48232019099-02542		T. NEAL
Ending Mth Balance:					\$22.46				

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$1.83)

Individual Statement

Date Printed: 8/23/2006

For Month of May 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$22.46					
00317479	Whitfield	Mustafa									
Current Location:		SU/1	Comments: QOLI								
Deposit or Withdrawal											
Trans Type	Date	Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName		
Mail	5/5/2006	\$10.00	\$0.00	\$0.00	\$32.46	260136	09870518417		B. FRIEND		
Mail	5/9/2006	\$21.00	\$0.00	\$0.00	\$53.46	260711	4805953275		T. NEAL		
Canteen	5/23/2006	(\$14.03)	\$0.00	\$0.00	\$39.43	266526					
					Ending Mth Balance:	\$39.43					

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$183)

Individual Statement

Date Printed: 8/23/2006

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For Month of June 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$39.43			
00317479	Whitfield	Mustafa							
Current Location:		SU/1	Comments: QOLI						
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Canteen	6/6/2006	(\$5.60)	\$0.00	\$0.00	\$33.83	275140			
Mail	6/8/2006	\$20.00	\$0.00	\$0.00	\$53.83	277028	0551801826		MOM
Visit	6/12/2006	\$10.00	\$0.00	\$0.00	\$63.83	278160	08363871160-02942		T. NEAL
Canteen	6/20/2006	(\$4.91)	\$0.00	\$0.00	\$58.92	281517			
Pay-To	6/27/2006	(\$12.00)	\$0.00	\$0.00	\$46.92	284314		AL-JUMUAH MAGAZI	
					Ending Mth Balance:		\$46.92		

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$1.83)

Date Printed: 8/23/2006

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Individual Statement

For Month of July 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$46.92			
00317479	Whitfield	Mustafa							
Current Location:		SU/1	Comments: QOL1						
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Canteen	7/5/2006	(\$4.98)	\$0.00	\$0.00	\$41.94	287222			
Pay-To	7/12/2006	(\$31.45)	\$0.00	\$0.00	\$10.49	290798		TRULIFE PUBLICATI	
Canteen	7/18/2006	(\$6.77)	\$0.00	\$0.00	\$3.72	292529			
Visit	7/18/2006	\$20.00	\$0.00	\$0.00	\$23.72	293238	9252004312-03644		T. NEAL
Visit	7/18/2006	\$20.00	\$0.00	\$0.00	\$43.72	293239	9252004310-03645		T. NEAL
					Ending Mth Balance:		\$43.72		

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$1.83)